FEB 4 2005

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FORM G

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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549
FORM D

105NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,

Prefix Serial

DATE RECEIVED

SECTION 4(6), AND/OR

2020NIFORM LIMITED OFFERING EXEMPTION

Name of Offering (check if this is an amendment and name has changed, and indicate change.)

net263 Holdings Ltd. – Series A-1 and A-2 Preferred Shares Financing

File Under (Check box(es) that apply):

Rule 504 Rule 505 Rule 506 Section 4(6) ULOE

net203 fioldings Liu Serie	A-1 and A-2 Freierred S	nares rmanco	ıg		
File Under (Check box(es) that apply):	Rule 504 Rule 505	Rule 506	Section 4(6)	ULOE	PROCESSE
Type of Filing: New Filing Amendm					
	A. BASIC IDE	ENTIFICATION	ON DATA		FED A 7 mag
 Enter the information requested about the 	e issuer				
Name of Issuer (check if this is an Net263 Holdings Ltd.	amendment and name has chan	ged, and indicate	change.)		SIMMSON
Address of Executive Offices (Number an	d Street, City, State, Zip Code)			Telephone Numl	er (Including Area cook)
16F, Jian Da Building, 14 East T	ucheng Road, Hepingli Chao	yang District, B	eijing, China	+8610 8429-16	523
Address of Principal Business Operations (if different from Executive Offices)	Number and Street, City, State	, Zip Code)		Telephone Num	per (Including Area Code)
same as above					
Brief Description of Business					
Internet Communication Ser	vices				
Type of Business Organization					
orporation	limited partnership, alrea	dy formed		ther (please specify): 1	mited liability
business trust	limited partnership, to be	•		company	<u> </u>
Actual or Estimated Date of Incorporation or	Organization.	Month	Year 0 4	⊠ Actual □ E	stimated
Actual of Estimated Date of Incorporation of	Organization.			M Actual C E	Suniated
Jurisdiction of Incorporation or Organization:	(Enter two-letter U.S. Postal	Service abbrevia	tion for State:		
	CN for Canada; FN for other	er foreign jurisdio	ction) F	N	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. Or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (2-99)

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| <ul> <li>Each beneficial ow<br/>securities of the issu</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ne issuer, if the issuer, if the popular, the popular;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | uer has been organized with<br>ower to vote or dispose, o | r direct the vote or dispos |                    |                                 |
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| Check Box(es) that Apply:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Promoter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Beneficial Owner                                          | Executive Officer           | Director -         | General and/or Managing Partner |
| Full Name (Last name first, it                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | findividual)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                           |                             |                    |                                 |
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

|                                                                                                                                                                 |                                                                              |                                        |                                        |                         |                                            | B. INFO                                 | RMATION                     | ABOUT C                                       | FFERING                                                                |                                       |                                         |                                                   |              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------|----------------------------------------|-------------------------|--------------------------------------------|-----------------------------------------|-----------------------------|-----------------------------------------------|------------------------------------------------------------------------|---------------------------------------|-----------------------------------------|---------------------------------------------------|--------------|
| Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?  Answer also in Appendix, Column 2, if filing under ULOE. |                                                                              |                                        |                                        |                         |                                            |                                         |                             |                                               |                                                                        | Yes No                                |                                         |                                                   |              |
| 2.                                                                                                                                                              | What                                                                         | is the min                             | nimum inv                              | estment t               | hat will be                                | accepted i                              | from any inc                | dividual?                                     |                                                                        | ,                                     |                                         | \$                                                | N/A          |
|                                                                                                                                                                 | 2. What is the minimum investment that will be accepted from any individual? |                                        |                                        |                         |                                            |                                         |                             |                                               | Yes No                                                                 |                                       |                                         |                                                   |              |
| 3.                                                                                                                                                              | Does t                                                                       | the offeri                             | ng permit                              | joint own               | ership of a                                | single uni                              | t?                          |                                               | ***************                                                        |                                       |                                         |                                                   |              |
| 4.                                                                                                                                                              | comm<br>If a pe<br>or stat                                                   | ission or<br>erson to b<br>es, list th | similar re<br>e listed is<br>e name of | muneration<br>an associ | on for solic<br>ated perso<br>er or deale: | citation of<br>n or agent<br>r. If more | purchasers :<br>of a broker | in connection or dealer reports to persons to | paid or give<br>on with sales<br>egistered with<br>be listed are<br>y. | s of securities of the SEC a          | es in the off<br>and/or with a          | ering.<br>i state                                 |              |
| Full                                                                                                                                                            | Name                                                                         | (Last nar                              | ne sirst, if                           | individua               | 1)                                         |                                         |                             |                                               |                                                                        |                                       |                                         |                                                   |              |
| Busi                                                                                                                                                            | ness or                                                                      | r Residen                              | ce Addres                              | s (Numbe                | r and Stre                                 | et, City, St                            | ate, Zip Coo                | ie)                                           |                                                                        |                                       | ·                                       |                                                   |              |
| Nam                                                                                                                                                             | e of A                                                                       | ssociated                              | Broker o                               | r Dealer                | <u>-</u>                                   |                                         |                             |                                               |                                                                        |                                       | ···-                                    |                                                   |              |
|                                                                                                                                                                 |                                                                              |                                        |                                        |                         |                                            |                                         | licit Purchas               |                                               |                                                                        |                                       |                                         |                                                   | All States   |
| [A                                                                                                                                                              | Ll                                                                           | [AK]                                   | [AZ]                                   | [AR]                    | [CA]                                       | [CO]                                    | [CT]                        | [DE]                                          | [DC]                                                                   | [FL]                                  | [GA]                                    | [HI]                                              | [ID]         |
| (1)                                                                                                                                                             | -                                                                            | [IN]                                   | [IA]                                   | [KS]                    | [KY]                                       | (LA)                                    | [ME]                        | [MD]                                          | [MA]                                                                   | [MI]                                  | [MN]                                    | IMSI                                              | (MO)         |
| [M                                                                                                                                                              | •                                                                            | [NE]                                   | [NV]                                   | [NH]                    | [NJ]                                       | [NM]                                    | [NY]                        | [NC]                                          | [ND]                                                                   | [ОН]                                  | [OK]                                    | [OR]                                              | [PA]         |
| [R                                                                                                                                                              | -                                                                            | [SC]                                   | [SD]                                   | [TN]                    | [TX]                                       | (UT)                                    | [VT]                        | [VA]                                          | [WA]                                                                   | [WV]                                  | [WI]                                    | [WY]                                              | [PR]         |
| Full                                                                                                                                                            | Name                                                                         | (Last nan                              | ne first, if                           | individua               | 1)                                         |                                         |                             |                                               |                                                                        | · · · · · · · · · · · · · · · · · · · |                                         |                                                   |              |
|                                                                                                                                                                 |                                                                              | <u> </u>                               |                                        |                         | 1.0                                        |                                         |                             |                                               |                                                                        |                                       |                                         | ·                                                 |              |
| Busi                                                                                                                                                            | ness or                                                                      | Kesiden                                | ce Addres                              | s (Numbe                | r and Stree                                | et, City, Sta                           | ate, Zip Cod                | le)                                           |                                                                        |                                       |                                         |                                                   |              |
| Nam                                                                                                                                                             | e of As                                                                      | ssociated                              | Broker or                              | Dealer                  |                                            |                                         |                             |                                               |                                                                        |                                       |                                         |                                                   |              |
|                                                                                                                                                                 |                                                                              |                                        |                                        |                         |                                            |                                         | icit Purchas                |                                               | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                                |                                       | *************************************** |                                                   | ☐ All States |
| ∫ <b>A</b> Ì                                                                                                                                                    | Ll                                                                           | [AK]                                   | [AZ]                                   | [AR]                    | [CA]                                       | [CO]                                    | [CT]                        | [DE]                                          | [DC]                                                                   | [FL]                                  | [GA]                                    | [H1]                                              | [ID]         |
| [1]                                                                                                                                                             |                                                                              | [IN]                                   | [1A]                                   | [KS]                    | [KY]                                       | [LA]                                    | [ME]                        | [MD]                                          | [MA]                                                                   | [MI]                                  | [MN]                                    | [MS]                                              | [MO]         |
| [M                                                                                                                                                              | -                                                                            | [NE]                                   | [NV]                                   | [NH]                    | [NJ]                                       | [NM]                                    | [NY]                        | [NC]                                          | [ND]                                                                   | [ОН]                                  | [OK]                                    | (OR)                                              | [PA]         |
| [ R                                                                                                                                                             | I ]                                                                          | [SC]                                   | [SD]                                   | [TN]                    | [TX]                                       | [UT]                                    | [VT]                        | [VA]                                          | [WA]                                                                   | [WV]                                  | [W]                                     | [WY]                                              | [PR]         |
| Full                                                                                                                                                            | Name (                                                                       | (Last nan                              | ne first, if                           | individual              | )                                          |                                         |                             |                                               |                                                                        |                                       |                                         |                                                   |              |
| Busi                                                                                                                                                            | ness or                                                                      | Residen                                | ce Addres                              | s (Number               | and Stree                                  | t, City, Sta                            | te, Zip Cod                 | e)                                            |                                                                        |                                       |                                         | # <del>************************************</del> |              |
| Nam                                                                                                                                                             | e of As                                                                      | ssociated                              | Broker or                              | Dealer                  |                                            |                                         |                             |                                               |                                                                        |                                       |                                         |                                                   |              |
|                                                                                                                                                                 |                                                                              |                                        |                                        |                         |                                            |                                         | icit Purchas                |                                               |                                                                        |                                       | ·                                       |                                                   |              |
| (C                                                                                                                                                              | heck "                                                                       | All States                             | " or check                             | c individu:             | al States).                                | *                                       | •••••                       | •••••                                         |                                                                        |                                       | ••••••••                                | **********                                        | All States   |
| [A]                                                                                                                                                             | L]                                                                           | [AK]                                   | [AZ]                                   | [AR]                    | [CA]                                       | [CO]                                    | [CT]                        | [DE]                                          | [DC]                                                                   | [FL]                                  | [GA]                                    | [HI]                                              | [ID]         |
| [11                                                                                                                                                             | -)                                                                           | [IN]                                   | [1A]                                   | [KS]                    | [KY]                                       | [LA]                                    | [ME]                        | [MD]                                          | [MA]                                                                   | [M1]                                  | [MN]                                    | [MS]                                              | [MO]         |
| [M                                                                                                                                                              | T}                                                                           | [NE]                                   | [NV]                                   | [NH]                    | [N1]                                       | [NM]                                    | [NY]                        | [NC]                                          | [ND]                                                                   | [OH]                                  | [OK]                                    | [OR]                                              | [PA]         |
| [ R                                                                                                                                                             | []                                                                           | [SC]                                   | [SD]                                   | [TN]                    | [TX]                                       | [UT]                                    | [VT]                        | [VA]                                          | [WA]                                                                   | [WV]                                  | [W]                                     | (WY)                                              | [PR]         |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

|    | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE O                                                                                                                                                                                                                                                                                                                            | FPRO       | OCEEDS                 |             |            |                                        |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|-------------|------------|----------------------------------------|
| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.                                               |            |                        |             |            |                                        |
|    | Type of Security                                                                                                                                                                                                                                                                                                                                                                      | Agg<br>Off | gregate<br>ering Price |             | Amo        | ount Already<br>Sold                   |
|    | Debt                                                                                                                                                                                                                                                                                                                                                                                  | \$         |                        |             | \$         |                                        |
|    | Equity                                                                                                                                                                                                                                                                                                                                                                                | s —        | 18,000,00              | <br>10      | - `<br>\$  | 0                                      |
|    | ☐ Common ☐ Preferred                                                                                                                                                                                                                                                                                                                                                                  | Ť          | 20,000,00              | <u> </u>    | - `        |                                        |
|    | Convertible Securities                                                                                                                                                                                                                                                                                                                                                                | \$         |                        |             | \$         |                                        |
|    | Partnership Interests                                                                                                                                                                                                                                                                                                                                                                 | \$         |                        |             | <br>\$     |                                        |
|    | Other (Specify: Warrants; Series A-1 Preferred Stock issuable upon exercise of Warrants; Series A-2 Preferred stock upon redesignation of Common Stock; Common Stock issuable upon conversion of Series A-1 and Series A-2 Preferred Stock)                                                                                                                                           | \$         | 5,000,0                | 00          | s          | 0                                      |
|    | Total                                                                                                                                                                                                                                                                                                                                                                                 | \$         | 23,000,0               | 00          | \$         | 0                                      |
|    | Answer also in Appendix, Column 3, if filing under ULOE.                                                                                                                                                                                                                                                                                                                              |            |                        |             |            |                                        |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."            |            |                        |             |            |                                        |
|    |                                                                                                                                                                                                                                                                                                                                                                                       | _          | lumber<br>vestors      |             | Dollar     | gregate<br>r Amount<br>irchases        |
|    | Accredited Investors                                                                                                                                                                                                                                                                                                                                                                  |            | 0                      |             | \$         | 0                                      |
|    | Non-accredited Investors                                                                                                                                                                                                                                                                                                                                                              |            | 0                      |             |            | 0                                      |
|    | Total (for filings under Rule 504 only)                                                                                                                                                                                                                                                                                                                                               |            |                        |             | \$         |                                        |
|    | Answer also in Appendix, Column 4, if filing under ULOE.                                                                                                                                                                                                                                                                                                                              |            |                        |             | <u></u>    |                                        |
|    | This was more in represent, constitute, in thing under CDOD.                                                                                                                                                                                                                                                                                                                          |            |                        |             |            |                                        |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.                                                            |            |                        |             |            |                                        |
|    | Type of offering                                                                                                                                                                                                                                                                                                                                                                      |            | pe of<br>curity        |             |            | r Amount<br>Sold                       |
|    | Rule 505                                                                                                                                                                                                                                                                                                                                                                              |            |                        |             | \$         |                                        |
|    | Regulation A                                                                                                                                                                                                                                                                                                                                                                          |            |                        | •           | \$         |                                        |
|    | Rule 504                                                                                                                                                                                                                                                                                                                                                                              |            |                        | -           | \$         |                                        |
|    | Total                                                                                                                                                                                                                                                                                                                                                                                 |            |                        | -           | \$         | ······································ |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | -          |                        | -           |            |                                        |
|    | Transfer Agent's Fees                                                                                                                                                                                                                                                                                                                                                                 |            |                        | П           | \$         |                                        |
|    | Printing and Engraving Costs.                                                                                                                                                                                                                                                                                                                                                         |            |                        |             | \$<br>\$   | <del></del>                            |
|    | Legal Fees                                                                                                                                                                                                                                                                                                                                                                            |            |                        | $\boxtimes$ | \$200,0    | 000                                    |
|    | Accounting Fees.                                                                                                                                                                                                                                                                                                                                                                      |            |                        |             | \$         |                                        |
|    | Engineering Fees                                                                                                                                                                                                                                                                                                                                                                      |            |                        |             | \$<br>\$   |                                        |
|    | Sales Commissions (specify finder's fees separately)                                                                                                                                                                                                                                                                                                                                  |            |                        | ⊠<br>∐      | `          | 100                                    |
|    |                                                                                                                                                                                                                                                                                                                                                                                       |            |                        |             | \$900,0    |                                        |
|    | Other Expenses (identify)                                                                                                                                                                                                                                                                                                                                                             |            |                        | ᅜ           | \$         | 100 000                                |
|    | Total                                                                                                                                                                                                                                                                                                                                                                                 |            | -                      | XX          | » <u> </u> | ,100,000                               |

|      | C. OFFERING PRICE                                                                 | , NUMBER OF INVESTORS, EXPENSES A                                                                                                                                                                       | ND US         | E OF PROCEEDS                                          | <u>s</u>              |  |
|------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------------------------------------|-----------------------|--|
| . —— | \$ 21,900,000                                                                     |                                                                                                                                                                                                         |               |                                                        |                       |  |
| 5.   | used for each of the purposes shown. If estimate and check the box to the left of | I gross proceeds to the issuer used or proposed<br>the amount for any purpose is not known, furn-<br>the estimate. The total of the payments listed<br>ssuer set forth in response to Part C - Question | sh an<br>must |                                                        |                       |  |
|      |                                                                                   |                                                                                                                                                                                                         |               | Payments to<br>Officers,<br>Directors, &<br>Affiliates | Payments To<br>Others |  |
|      | Salaries and fees                                                                 |                                                                                                                                                                                                         | □ \$          |                                                        | □ \$                  |  |
|      | Purchase, rental or leasing and installa                                          | ation of machinery and equipment                                                                                                                                                                        |               |                                                        | □ \$                  |  |
|      | Construction or leasing of plant buildi                                           | ngs and facilities                                                                                                                                                                                      | □ \$          |                                                        | □ \$                  |  |
|      | offering that may be used in exchange                                             | ng the value of securities involved in this for the assets or securities of another                                                                                                                     | □ \$          |                                                        | □ \$                  |  |
|      | Repayment of indebtedness                                                         |                                                                                                                                                                                                         |               |                                                        | □ \$                  |  |
|      | Working capital                                                                   |                                                                                                                                                                                                         | \$            |                                                        | × \$21,900,000        |  |
|      | , • • • • • • • • • • • • • • • • • • •                                           |                                                                                                                                                                                                         | •             |                                                        |                       |  |
|      |                                                                                   |                                                                                                                                                                                                         | □ \$          | · <u> </u>                                             | <b> \$</b>            |  |
|      |                                                                                   |                                                                                                                                                                                                         | □ \$          |                                                        | <b>⊠</b> \$21,900,000 |  |
|      | Total Payments Listed (column totals added)                                       |                                                                                                                                                                                                         |               |                                                        |                       |  |
|      |                                                                                   |                                                                                                                                                                                                         |               |                                                        |                       |  |
| _    |                                                                                   | D. FEDERAL SIGNATURE                                                                                                                                                                                    |               |                                                        |                       |  |
| foll | owing signature constitutes an undertaking l                                      | gned by the undersigned duly authorized person<br>by the issuer to furnish to the U.S. Securities an<br>er to any non-accredited investor pursuant to pa                                                | d Excha       | inge Commission,                                       | upon written request  |  |
| Issu | er (Print or Type)                                                                | Signature                                                                                                                                                                                               |               | Date                                                   |                       |  |
| net2 | 263 Holdings Ltd.                                                                 |                                                                                                                                                                                                         |               | January 19, 200                                        | 5                     |  |
|      | ne or Signer (Print or Type) olong Li                                             | Title of Signer (Print or Type)  Director                                                                                                                                                               | 7.            | Ti                                                     |                       |  |
|      |                                                                                   |                                                                                                                                                                                                         | $\star \cdot$ | · 4/ L                                                 | <b>"-</b>             |  |